

**BOARD OF REGISTERED NURSING**

P.O Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | [www.rn.ca.gov](http://www.rn.ca.gov)

Ruth Ann Terry, MPH, RN, Executive Officer



## DIVERSION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Diversion Evaluation Committees (DEC's). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's Diversion Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

**EXPERTISE** - Members must have demonstrated expertise in the field of chemical dependency and/or mental health.

**TIME** – A minimum of four days per year will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

**FINANCIAL REIMBURSEMENT** - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

**RESPONSIBILITIES** – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

**CONFLICT OF INTEREST** – The Diversion Program is contracted to a private contractor outside of State service. DEC members cannot be involved in other program components, e.g., nurse consultant, contractor staff, etc.

If you have any questions regarding the application or the Diversion Program, please call the Diversion Unit at (916) 574-7604.



**Describe your education or work experience with Chemical Dependency:**

**Describe your education or work experience with Mental Health:**

**Explain your philosophical beliefs relative to the treatment of chemical dependency.**

**PLEASE INDICATE YOUR FIRST, SECOND AND THIRD DEC LOCATION PREFERENCE:**

_____Sacramento	_____Bay Area	_____Los Angeles	_____Orange County
_____Fresno	_____San Jose	_____Burbank	_____Palm Springs
_____Ontario	_____San Diego		

**I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS  
AND REIMBURSEMENT OF DIVERSION EVALUATION COMMITTEE MEMBERS.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION AND RESUME TO:**

Diversion Program Manager  
Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100